

| | JA 20 APPOINTMENT OF A | | | | EL (Rev | v. 5/99) | | | | |
|--|--|---------------------------------|---|--|--|--|---|----------------------------------|----------------------|--|
| 1. C | 1. CIR./DIST./ DIV. CODE 2. PERSON REPRESENTED 031501 JULIO MELENDEZ | | | | | VOUCHER NUMBER | | | | |
| 3. MAG. DKT./DEF. NUMBER | | | 4. DIST. DKT./DEF. NUMBER 1:97-cr-00029-004 Erie | | 5. APPEALS DKT./DEF. NUMBER | | 6. OTHER DKT. NUMBER | | | |
| 7. IN CASE/MATTER OF (Case Name) | | | 8. PAYMENT CATEGORY | | 9. TYPE PERSON REPRESENTED | | 10. REPRESENTATION TYPE | | | |
| USA v. RODRIEGUEZ, et al. | | | ☐ Felony ☐ Petty Offense ☐ Misdemeanor X Other ☐ Appeal | | X Adult Defendant | | (See Instructions) CK | | | |
| 11. (| OFFENSE(S) CHARGED (Cite | e U.S. Code, | | ore than one offense, list (u | | | charged, according to | severity of offense. | | |
| ATTORNEY'S NAME (First Name, M.I., Last Name, including any su AND MAILING ADDRESS DAMIEN R. SCHORR, ESQUIRE 1015 Irwin Drive Note of the second seco | | | | any suffix), | 13. COURT ORDER X O Appointing Counsel ☐ F Subs For Federal Defender ☐ P Subs For Panel Attorney Prior Attorney's | | ☐ C Co-Counsel ☐ R Subs For Retained Attorney ☐ Y Standby Counsel | | | |
| Pittsburgh, PA 15236 | | | | | | Appointment Dates: Because the above-named person represented has testified under oath or has otherwise | | | | |
| Telephone Number : 412-884-1597 | | | | | | satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does no wish to waive counsel, and because the interests of justice so require, the attorney whose | | | | |
| 13. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) | | | | | name appears in Item 12 is appointed to represent this person in this case, OR Other (See Instructions) Signature of Presiding Judicial Officer or By Order of the Court Signature of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. | | | | | |
| | CLAIM | EOD CE | DVICES AND | EVDENCES | ** | | , | COURT USE | ONLY | |
| CLAIM FOR SERVICES AND EX CATEGORIES (Attach itemization of services with dates) | | | | HOURS CLAIMED | | TOTAL AMOUNT CLAIMED | MATH/TECH. ADJUSTED HOURS | MATH/TECH. ADJUSTED AMOUNT | ADDITIONAL REVIEW | |
| I5. | a. Arraignment and/or Plea | | | | | CLAIMED | nours | AWOUNT | | |
| 1.5. | b. Bail and Detention Hearings | | | | | 240 | | 100 | | |
| | c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court | | | | 11.75 | 1000000 | | | | |
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| - | | | | | | | | 4200 | | |
| | h. Other (Specify on additional sheets) | | | | 2 | | | | | |
| (RATE PER HOUR = \$) TOTALS | | | | S: | 15575982 | | | | | |
| 16. | b. Obtaining and reviewing records | | | | 6357 | 7.50 | _ | (15-28) A (15-6) | <u> </u> | |
| 5 | | | | | | 44166 | | Abi | K | |
| = | c. Legal research and brief w | riting | | | 1005.00 | | | | | |
| d. Travel time e. Investigative and other work (Specify o | | additional sheets) | | 33.5 | 4 | | 14 | 3 | | |
| | (RATE PER HOUR = \$ | ik (Specify or |) TOTALS | . | 100000 | 247. | | 17.50 × 16.50 | | |
| 17. | Travel Expenses (lodging, par | rking, meals. | | | | | | | | |
| 18. | Other Expenses (other than ex | | | | | | Meases/and | | | |
| GRAND TOTALS (CLAIMED AND ADJUSTED): | | | | D | | | NATEA | | | |
| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE TO: | | | | | 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITION | | | | | |
| 22 (| CLAIM STATUS | Final Payme | | erim Payment Number | | | □ Supplemen | tal Payment | | |
| 1 | Have you previously applied to Other than from the Court, have | the court for e you, or to y | compensation and/o our knowledge has a If yes, give details | or reimbursement for this nyone else, received payme on additional sheets. | □ YI | | If yes, were you p | oaid? □ YES | □ NO note this | |
| 16.40 | APPROVED FOR PAYMENT — COURT USE ONLY | | | | | | | | | |
| 23. I | | | | 25. TRAVEL EXPENSE | | | | 27. TOTAL AMT. APPR./CERT. | | |
| 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER | | | | DATE | | 28a. JUDGE/MAG. JUDGE CODE | | | | |
| 29. I | IN COURT COMP. 30. OUT OF COURT COMP. 31. 1 | | | 31. TRAVEL EXPENSE | S 32. OTHER EXP | | PENSES | 33. TOTAL AMT. APPROVED | | |
| SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment appr in excess of the statutory threshold amount. | | | | | oved | DATE | | 34a. JUDGE CODE | | |